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CONFIRMATION NO. 8754

<b>SERIAL NUMBER</b> 10/521,235	<b>FILING or 371(c) DATE</b> 08/15/2005 <b>RULE</b>	<b>CLASS</b> 707	<b>GROUP ART UNIT</b> 3626	<b>ATTORNEY DOCKET NO.</b> 10873.1605USWO		
<b>APPLICANTS</b> Atsushi Kawamoto, Hiroshima-shi, JAPAN; Hidetomo Nakamoto, Nerima-ku, JAPAN; Eiichi Nishida, Kitakyushu-shi, JAPAN; <b>** CONTINUING DATA *****</b> This application is a 371 of PCT/JP03/08890 07/14/2003 <b>** FOREIGN APPLICATIONS *****</b> JAPAN 2002-205871 07/15/2002 <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b>						
Foreign Priority claimed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 35 USC 119(a-d) conditions met <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Verified and Acknowledged <u>/ANITA C MOLINA/</u> Examiner's Signature		<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b> JAPAN	<b>SHEETS DRAWINGS</b> 6	<b>TOTAL CLAIMS</b> 8	<b>INDEPENDENT CLAIMS</b> 3
<b>ADDRESS</b> HAMRE, SCHUMANN, MUELLER & LARSON, P.C. P.O. BOX 2902 MINNEAPOLIS, MN 55402-0902 UNITED STATES						
<b>TITLE</b> Medical data warning notifying system and method						
<b>FILING FEE RECEIVED</b> 1130	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:			<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		